



CHANGE OF ADDRESS ☐

COMPANY NAME ☐

(Check box if applicable & denote change on page 3)

CEASED OPERATION ☐

ANNUAL REPORT

**to the
Alabama Public Service Commission**

**for the period ending
December 31, 2007**

(due no later than April 30, 2008)

Return to:

Alabama Public Service Commission

ATTN: Ronald Hicks

Transportation Division

P O Box 304260

Montgomery, AL 36130

NOTICE

1. A person knowledgeable about motor carrier operations should complete the statistical portion of the annual report, and someone knowledgeable about accounting procedures should complete the financial reports portion.

2. This form shall be completed in duplicate. The original must be filed with the Alabama Public Service Commission, Montgomery, Alabama, by April 30 of the year following that year for which the report is made and a copy retained by the carrier. The information to be reported for each item shall cover all interstate and intrastate motor carrier operations including local service. The report shall be for a period ending on December 31 of each year if for a 12 month accounting period; and at the close of one of the last 7 days of each calendar year if on an accounting year of thirteen four-week periods.

These reports are required to be under oath pursuant to Title 37 Section 3-2 and 3-25, Code of Alabama 1975.

3. Every inquiry contained in the accompanying forms of the annual report must be definitely answered according to instruction. Where the word “none” truly and completely states the fact, it should be given as the answer to any particular inquiry or any particular portion of an inquiry. Except in cases where they are specially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or as entire answers to inquiries. If any inquiry based upon a preceding inquiry in this report is, because of the answer rendered to such preceding inquiry, inapplicable to the person or corporation in whose behalf the report is made, the words “not applicable” should be used in answer thereto and reference should be made to the precise portion of the report showing the facts which make the particular inquiry inapplicable.

4. Answers to the inquiries in the following forms must be complete. No answer will be accepted as satisfactory which attempts to reference to any paper or document other than the present report to make the paper or document or portion thereof thus referred to as part of the answers without copying in full the portion to be included in this report. Wherever the space provided in the schedules is insufficient to permit full and complete statement of the requested information, inserts should be prepared and appropriately identified by the number of the schedule of which the insert is a part.

5. All entries should be made in a permanent black ink. Those of contrary character must be indicated in parenthesis. Items of an unusual character must be indicated by appropriate symbol and explained in a footnote.

6. Throughout this report the “year” means the year covered by the report, whether a calendar year or a thirteen-period accounting year; the “preceding year” means the year immediately preceding that covered by the report; the “beginning of the year” means the beginning of the first business day of the year in question; the “close of the year” means the close of the last business days of the year in question. In case the report is made for a shorter period than 1 year, the “beginning of the year” means the first day of the period and the “close of the year” means the last day of the period.

7. All motor carriers are required to complete Section I. All passenger carriers must complete Section IIA. All property carriers must complete Section IIB. Carriers holding F (general property excluding household goods) and CB (charter bus) certificates are **NOT** required to complete Section III. All other carriers must complete Section III.

NOTE: If you feel that the following financial statements do not truly reflect your motor carrier's financial position, please attach any supplemental reports along with your accountant's comments.

If you are an FMCSA regulated carrier YOU ARE NOT REQUIRED TO FILE this report.

Information to help in completing the 2007 Annual Report:

Motor Carriers who only have **CB** certificates do not have to complete Section III (Financial Statement).

Motor Carriers who only have an **F** certificate do not have to complete Section III (Financial Statement).

All other carriers are required to complete Section III. This includes property carriers of household goods and property carriers with **C** and **P** certificates (who may also have an **F** certificate), and passenger carriers with a **C** certificate.

All motor carriers are required to complete Section I.

All passenger carriers are required to complete Section II A.

All property carriers are required to complete Section II B.

Before mailing the Annual Report , please make a copy for your records,

If you have any questions, please call **334-242-9959** and I will be glad to assist you in any manner that I can.

Ron Hicks
Rates & Services Section

ANNUAL REPORT of Motor Carrier Operations for the Year Ending December 31, 2007 - SHORT FORM AB

I. CARRIER INFORMATION

OATH

I, the undersigned, _____, _____
(Name of Owner or Chief Officer) (Title of Affiant)
of the _____ on my oath do say that this return has been prepared under my
(Full Name of Reporting Carrier)
direction: that I have carefully examined the same, and declare that the same is a complete and correct statement, to the best of my knowledge and belief.

State: _____ County of: _____ Date: _____ Signature: _____
Please check as applicable: _____ Property Carrier _____ Passenger Carrier _____ Broker
Principal Officer of Company: _____ Title: _____
Telephone No: _____ Fax: _____ E-mail: _____
Company Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address in Alabama: _____ City: _____ State: _____ Zip: _____
Alabama Certificate Numbers: _____
Permit (Contract) Numbers: _____
FMCSA (formerly ICC) MC No: _____ DOT No: _____ Federal ID or Social Security No: _____

II. STATISTICS

A. If passenger carrier, indicate percent of operation: _____ Regular Route _____ Bus _____ Charter
_____ Taxi _____ Limousine _____ Commuter _____ Other
Average number of power units used last year: _____ Number of Terminals in Alabama: _____
Total miles traveled (all states): _____ Passenger/miles (if known): _____
Total miles traveled in Alabama: _____ Percent of empty miles: _____

B. If property carrier, indicate percent of operation: _____ Truck Load (TL) _____ Less than Truck Load (LTL)
_____ Courier _____ TL and LTL _____ Driveaway _____ Other
Average number of power units used last year: _____ Number of Terminals in Alabama: _____
Total miles traveled (all states): _____ Total miles traveled in Alabama: _____
Commodity generally carried: _____
Type of equipment generally used, i.e., refrigerated vans, open top dump, flat bed, etc.: _____
Comments: _____

Return Annual Report To: Alabama Public Service Commission, Transportation Division, PO Box 304260, Montgomery, AL 36130 (334) 242-9959

III. FINANCIAL STATEMENTS FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2007

	2007	2006		2007	2006
Balance Sheet					
1. Total Current assets			4. Total Current Liabilities		
2. Total Non-Current Assets			5. Total Non-Current Liabilities		
3. Total Assets			6. Total Capital/Equity		
			7. Total Liabilities & Capital/Equity		
Income Statement			Statement of Changes in Capital/Equity		
8. Intrastate Revenue (Ala.)			22. Beginning Capital/Equity 23. Capital/Equity Issued 24. Dividends 25. Net Income(Loss) 26. Other (attach schedule) 27. Ending Capital/Equity	2007	
9. Interstate Revenue					
10. Total Revenue					
11. Non-Motor Carrier Revenue					
12. Total Operating Revenue					
13. Operating Expenses					
14. Non-Motor Carrier Expense					
15. Total Operating Expense					
16. Total Other Income/Expense					
17. Net Income (Loss)					
Retained Earnings			Motor Carriers Statistics		
18. Beginning Retained Earnings			28. Freight Shortages 29. Damage Claims 30. Operating Ratio (divide line 13 by line 10)		
19. Net Income(Loss)					
20. Other(attach schedule)					
21. Ending Retained Earnings					
Person Preparing This Page: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Name _____ Title _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Telephone No. _____ _____ </div>					